# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

OMB APPROVAL	
OMB Number: 3235-0076	
Expires: August 31, 2008	
Estimated average burden	hours
0.07 70000000	16 00

**SEC USE ONLY** 

**DATE RECEIVED** 

Serial

Prefix

UNIFORM LIMITED OFFERING	EXEMPTION
Name of Offering ( check if this is an amendment and name has changed, and indicate of TPF II, L.P.	
Filing Under (Check box(es) that apply):   Rule 504  Rule 505  Rule 506	1000
Type of Filing:   New Filing in IL, NC, VA  Amendment	Section
A. BASIC IDENTIFICA	···
1. Enter the information requested about the issuer	A35668
Name of Issuer (I) check if this is an amendment and name has changed, and indicate cha TPF II, L.P. (the "Fund")	rge.) Washington Telephone Number (Including Area 1994). DC
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Tenaska Capital Management, LLC, 1044 N. 115 Street, Suite 400, Omaha, Nebraska 4446	$\square \longrightarrow R$
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Investments	PROCESSED
Type of Business Organization	, , , , , , , , , , , , , , , , , , , ,
□ corporation       ☑ limited partnership, already formed       □ other (ple         □ business trust       □ limited partnership, to be formed	ease specify): NOV 1 9 2008
Actual or Estimated Date of Incorporation or Organization: 0 3	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbre	viation for State:   D   E

# GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-02)

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	D Promoter	Beneficial Owner	D Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i Tenaska PFG II, LLC (the "G					
Business or Residence Addres c/o Tenaska Capital Managerr			na, Nebraska 68154-4446		
Check Box(es) that Apply:	0 Promoter	Beneficial Owner	Executive Officer*	Director	☐ General and/or Managing Partner
Full Name (Last name first, it Levande, Alan B.	f individual)	, , , , , , , , , , , , , , , , , , , ,			
Business or Residence Addres c/o Tenaska Capital Managem			a, Nebraska 68154-4446		
Check Box(es) that Apply:	0 Promoter	Beneficial Owner	☑ Executive Officer*	O Director	General and/or Managing Partner
Full Name (Last name first, if Hawks, Howard L.	individual)				
Business or Residence Addres c/o Tenaska Capital Managem			a, Nebraska 68154-4446		
Check Box(es) that Apply:	D Promoter	Beneticial Owner	☑ Executive Officer*	Director	General and/or Managing Partner
Full Name (Last name first, if Hendricks, Thomas E.	individual)				
Business or Residence Address c/o Tenaska Capital Manageme			a, Nebraska 68154-4446		
Check Box(es) that Apply:	O Promoter	Beneficial Owner	☑ Executive Officer*	Director	U General and/or Managing Partner
Full Name (Last name first, if Pearson, Larry V.	individual)				
Business or Residence Address c/o Tenaska Capital Manageme			a, Nebraska 68154-4446		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer*	☐ Director	General and/or Managing Partner
Full Name (Last name first, if Lebens, Michael C.	individual)				
Business or Residence Address c/o Tenaska Capital Manageme			ı, Nebraska 68154-4446		
Check Box(es) that Apply:	O Promoter	☐ Beneficial Owner	E Executive Officer*	Director	☐ General and/or Managing Partner
Full Name (Last name first, if Smith, Paul G.	individual)				
Business or Residence Address c/o Tenaska Capital Manageme			, Nebraska 68154-4446		
* of the General Partner				<del>.</del>	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	■ Executive Officer*	□ Director	U General and/or Managing Partner				
Full Name (Last name first, if Crouse, Jerry K.									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Tenaska Capital Management, LLC, 1044 N. 115 Street, Suite 400, Omaha, Nebraska 68154-4446									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer*	Director	General and/or Managing Partner				
Full Name (Last name first, if Quinn, Ronald N.	individual)								
Business or Residence Address c/o Tenaska Capital Managem	s (Number and Stree ent, LLC, 1044 N. 1	et, City, State, Zip Code) 15 Street, Suite 400, Omaha	a, Nebraska 68154-4446						
Check Box(es) that Apply:	C Promoter	Beneficial Owner	Executive Officer*	☐ Director	General and/or Managing Partner				
Full Name (Last name first, if Fiorelli, David G.	individual)								
Business or Residence Addres c/o Tenaska Capital Managem	s (Number and Stree ent, LLC, 1044 N. 1	et, City, State, Zip Code) 15 Street, Suite 400, Omaha	a, Nebraska 68154-4446						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer*	0 Director	General and/or Managing Partner				
Full Name (Last name first, if Lonergan, Daniel E.	individual)								
Business or Residence Addres c/o Tenaska Capital Managem	s (Number and Streent, LLC, 1044 N. 1	et, City, State, Zip Code) 15 Street, Suite 400, Omah:	a, Nebraska 68154-4446						
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	■ Executive Officer*	D Director	General and/or Managing Partner				
Full Name (Last name first, if Tanner, Ronald R.	individual)								
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Tenaska Capital Management, LLC, 1044 N. 115 Street, Suite 400, Omaha, Nebraska 68154-4446									
Check Box(es) that Apply:	□ Promoter	Beneficial Owner	Executive Officer*  ■ Executive Officer*	Director	General and/or Managing Partner				
Full Name (Last name first, if Frisbie, Jay M.	individual)								
Business or Residence Addres c/o Tenaska Capital Managem	s (Number and Street, LLC, 1044 N.	et, City, State, Zip Code) 15 Street, Suite 400, Omah	a, Nebraska 68154-4446						

\* of the General Partner

2. Enter the information re	equested for the follo	wing:							
· · · · · · · · · · · · · · · · · · ·	<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>								
<ul> <li>Each beneficial ov</li> </ul>	wner having the powe	er to vote or dispose, or dire	ect the vote or disposition of,	10% or more of a	class of equity securities of the issuer;				
Each executive of	ficer and director of	corporate issuers and of cor	porate general and managing	g partners of partner	ship issuers; and				
Each general and it	managing partner of	partnership issuers.							
Check Box(es) that Apply:	Promoter	Beneficial Owner	D Executive Officer	Director	☐ General and/or Managing Partner				
Full Name (Last name first, i Tenaska Capital Management		-							
Business or Residence Addre 1044 N. 115 Street, Suite 400									
Check Box(es) that Apply:	Promoter	Beneficial Owner	8 Executive Officer	☐ Director	General and/or Managing Partner				
Full Name (Last name first, i	if individual)								
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)	<u> </u>						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	O Director	General and/or Managing Partner				
Full Name (Last name first, i	if individual)								
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)	<u> </u>						
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, i	f individual)	-							
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)							
Check Box(es) that Apply:	D Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)							
Check Box(es) that Apply:	□ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Business or Residence Addres	ss (Number and Stree	et, City, State, Zip Code)							

A. BASIC IDENTIFICATION DATA

<del>_</del>	<del></del>			<del></del>	B. INFO	RMATIO	N ABOUT	OFFERIN	(G				
													Yes No
1. Has the	issuer sold,	or does the	issuer inte	nd to sell, t	о поп-ассте	dited inves	tors in this	offering?				*************	口 望
							Column 2, i						
2. What is	the minimu	ım investme	ent that will	be accepte	d from any	individual?	?						\$ 10,000,000*
The General													Yes No
	e offering p		-					.,				***************************************	🗷 🖯
4 Enter th	e informatio	an requeste	d for each r	erson who	has been or	will be pai	id or given.	directly or	indirectly, a	iny commi	ssion or sim	ilar remune	ration for
solicitat registere	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name (I	ast name fi	irst, if indiv	idual)										
Lehman Brot	hers, Inc.												
Business or R	lesidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	ode)							
745 Seventh	Avenue, Ne	w York, N	Y 10019										
Name of Asso	ociated Bro	ker or Deale	<u> </u>		••	<u> </u>							
States in Whi	ch Person I	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers				_			
(Check	"All States"	or check in	ndividual S	tates)									☐ All States
[AL]	[AK]	[AZ]	[AR]	[ <u>CA]</u>	[CO]	( <u>CT</u> )	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[lA]	[KS]	( <u>KY</u> )	[LA]	[ME]	[MD]	[ <u>MA</u> ]	(MI)	[MN]	[MS]	[MO]	
[MT]	(NE)	[NV]	[NH]	[ <u>NJ</u> ]	[NM]	[ <u>NY</u> ]	[ <u>NC</u> ]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
[RI] Full Name (L	[SC]	[SD]	(TN)	[TX]	(UT)	[VT]	[VA]	[WA]	[""]		[]	[1.1.]	
Greenhill & (		, , , , , , , , , , , , , , , , , , ,	ouu.,										
Business or R		ddeece (Nu	mber and S	treet City	State 7in C	'ode)						<del></del>	
300 Park Ave					Juic, Zip C	.000)							
Name of Asse				10022									
Name of Asse	ociated Bro	ker or Dean	ET										
States in Whi	ch Person I	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers		·····					<del> </del>
	"All States"												☐ All States
			(AR)	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
(AL) [IL]	[AK] [IN]	[AZ] [IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[נא]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)	
Full Name (I	Last name f	irst, if indiv	idual)					<del></del> -					
Business or F	Residence A	ddress (Nu	mber and S	Street, City,	State, Zip (	Code)							
Name of Ass	ociated Bro	ker or Deal	ег			<u></u>				-			
States in Whi	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
	"All States"							***************************************	.,	••••••			☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[[1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$0	_	\$0
	Equity	\$0	_	\$0
	□ Common □ Preferred			
	Convertible Securities (including warrants)	\$0	_	\$0
	Partnership Interests	\$1,500,000,000*	_	\$1,394,500,000
	Other (Specify)	\$0	_	\$0
	Total	\$1,500,000,000*		\$1,394,500,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	86		\$1,394,500,000
	Non-accredited Investors	0		\$0
	Total (for filings under Rule 504 only)			s
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of		Dollar Amount
		Security		Sold
	Type of offering		_	\$
	Rule 505		_	\$
	Regulation A		_	\$
	Rule 504		_	\$
	Total			\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	************		\$** <u> </u>
	Printing and Engraving Costs	<b>,</b>		\$** <u> </u>
	Legal Fees		0	S**
	Accounting Fees		0	\$**
	Engineering Fees			\$**
	Sales Commissions (specify finders' fees separately)			\$0**
	······································			

Other Expenses (identify)

Total.....

\$2,000,000\*\*

<sup>\*</sup> The General Partner will have the right to accept capital commitments in excess of this amount. The General Partner may direct certain capital contributions be made through one or more alternative investment vehicles. / \*\* The Fund will bear all legal and other expenses incurred in the formation of the Fund and the offering of the interests (other than placement fees), up to an amount not to exceed \$2 million. Organizational expenses in excess of this amount, and any placement fees, will be paid by the Fund but borne by the Manager through a 100% offset against the management fee.

b.	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."					
5.	Indicate below the amount of the adjusted gross proceeds to the issuer u amount for any purpose is not known, furnish an estimate and check the must equal the adjusted gross proceeds to the issuer set forth in response					
			Payments to Officers, Directors, & Affiliates	Payments To Others		
	Salaries and fees		\$	\$		
	Purchase of real estate		s	\$		
	Purchase, rental or leasing and installation of machinery and equipm	nent	· \$	s		
	Construction or leasing of plant buildings and facilities		\$	\$		
	Acquisition of other businesses (including the value of securities in used in exchange for the assets or securities of another issuer pursuance).		\$	\$		
	Repayment of indebtedness		. s			
	Working capital		\$			
	Other (specify): Investments and related costs		ī. \$	☎ \$1,498,000,000		
			s	\$		
	Column Totals		. \$	⊠ \$1,498,000,000		
	Total Payments Listed (columns totals added)		. ■ \$1,498,000,000			
		DERAL SIGNATURE				
an	e issuer has duly caused this notice to be signed by the undersigned duly undertaking by the issuer to furnish to the U.S. Securities and Exchange (n-accredited investor pursuant to paragraph (b)(2) of Rule 502.					
	uer (Print or Type) F II, L.P.	Signatury My	Date Sept	ember 2, 2008		
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)				
Da	niel E. Lonergan	Vice President of Tenaska PFG II, LLC.	the general partner of TF	F II, L.P.		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)